

<i>SERFF Tracking Number:</i>	<i>MUTM-125645493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38992</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS05I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS05I.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL4719, et al</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL4719, et al</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125645493 State: ArkansasLH

Advertising - UL4719, et al

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 38992

Standard Plans

Sub-TOI: MS05I.001 Plan A

Co Tr Num: SALLY HESS

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sally Hess

Disposition Date: 06/24/2008

Date Submitted: 05/14/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UL4719, et al

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/24/2008

State Status Changed: 06/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Created by SERFF on 06/24/2008 03:30 PM

SERFF Tracking Number:	MUTM-125645493	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38992
Company Tracking Number:	SALLY HESS		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - UL4719, et al		
Project Name/Number:	Medicare Supplement Advertising/UL4719, et al		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	6 forms x \$25 each = \$150
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$150.00	05/14/2008	20313059

SERFF Tracking Number:	MUTM-125645493	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38992
Company Tracking Number:	SALLY HESS		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Medicare Supplement Advertising - UL4719, et al		
Project Name/Number:	Medicare Supplement Advertising/UL4719, et al		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/24/2008	06/24/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	06/05/2008	06/05/2008	Sally Hess	06/24/2008	06/24/2008

<i>SERFF Tracking Number:</i>	<i>MUTM-125645493</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL4719, et al</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL4719, et al</i>		

Disposition

Disposition Date: 06/24/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125645493 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38992

Company Tracking Number: SALLY HESS

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - UL4719, et al

Project Name/Number: Medicare Supplement Advertising/UL4719, et al

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Cover Letter	Filed	Yes
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	Memorandum of Variability - UL4719	Filed	Yes
Supporting Document	Memorandum of Variability - UL4719		Yes
Supporting Document	Memorandum of Variability - UL4788	Filed	Yes
Supporting Document	Memorandum of Variability - UC6802	Filed	Yes
Supporting Document	Memorandum of Variability - UE1240	Filed	Yes
Supporting Document	Memorandum of Variability - UE1241	Filed	Yes
Form (revised)	Letter	Filed	Yes
Form	Letter		Yes
Form	Letter	Filed	Yes
Form	Brochure	Filed	Yes
Form	Carrier	Filed	Yes
Form	Carrier	Filed	Yes
Form	Carrier	Filed	Yes

SERFF Tracking Number: MUTM-125645493 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38992
Company Tracking Number: SALLY HESS
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UL4719, et al
Project Name/Number: Medicare Supplement Advertising/UL4719, et al

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/05/2008
Submitted Date 06/05/2008
Respond By Date 07/07/2008

Dear Mike Trebold,

This will acknowledge receipt of the captioned filing.

Objection 1

- Letter (Form)

Comment: Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please revise Item 1 under "Two Ways You Could SAVE Money".

Objection 2

- Carrier (Form)
- Carrier (Form)
- Carrier (Form)

Comment: Please be advised that association groups must first be filed and approved by the State of Arkansas before any business is proposed with such group.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/24/2008
Submitted Date 06/24/2008

Dear Stephanie Fowler,

Comments:

SERFF Tracking Number: MUTM-125645493 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38992

Company Tracking Number: SALLY HESS

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - UL4719, et al

Project Name/Number: Medicare Supplement Advertising/UL4719, et al

Response 1

Comments: Please see the attached revised cover letter and annotated and revised advertisement and Memorandum of Variability.

Related Objection 1

Applies To:

- Letter (Form)

Comment:

Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please revise Item 1 under "Two Ways You Could SAVE Money".

Related Objection 2

Applies To:

- Carrier (Form)
- Carrier (Form)
- Carrier (Form)

Comment:

Please be advised that association groups must first be filed and approved by the State of Arkansas before any business is proposed with such group.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment:

Satisfied -Name: Memorandum of Variability - UL4719

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Letter	UL4799		Advertising	Revised	UL4799 - annotated and revised		UL4719_B racks(A R inqy) - Annotated

<i>SERFF Tracking Number:</i>	<i>MUTM-125645493</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL4719, et al</i>		

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CLEAN
(replaces
UL4719).p
df

Previous Version

<i>Letter</i>	<i>UL4719</i>	<i>Advertising</i>	<i>Initial</i>	<i>UL4719.p df</i>
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No Rate/Rule Schedule items changed.

Sincerely,
Sally Hess

SERFF Tracking Number: MUTM-125645493 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38992

Company Tracking Number: SALLY HESS

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - UL4719, et al

Project Name/Number: Medicare Supplement Advertising/UL4719, et al

Form Schedule

Lead Form Number: UL4719

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UL4799	Advertising Letter	Revised	Replaced Form #: UL4799 - annotated and revised copy Previous Filing #: UL4719		UL4719_Brackets(AR inqy) - Annotated.pdf UL4799_Brackets - CLEAN (replaces UL4719).pdf UL4788.pdf
Filed	UL4788	Advertising Letter	Initial			UL4788.pdf
Filed	UC6802	Advertising Brochure	Initial			UC6802.pdf
Filed	UE1240	Advertising Carrier	Initial			UE1240.pdf
Filed	UE1241	Advertising Carrier	Initial			UE1241.pdf
Filed	UE1243	Advertising Carrier	Initial			UE1243.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



[Happy with your Medicare Supplement rate?]

[Don't pay more than you have to!]

[Possibly Save \$100's!]

[Apply for your Medicare Supplement insurance policy today!]

Good news! You could be paying less for your Medicare Supplement insurance and enjoying the friendly customer service and financial value you seek from United of Omaha Life Insurance Company, a Mutual of Omaha company.

[Apply now and start saving today!]

[Good afternoon],

You could be paying too much. You see, quite simply, if you have a Medicare Supplement insurance policy, or any other kind of health plan for Medicare beneficiaries, with an insurance company other than ours — you're not benefiting from our affordable premium rates, staying power and commitment. We offer the savings, value and convenience you're looking for — all from a company you can trust.

Two Ways You Could SAVE Money

1. **SAVE on premiums:** We work diligently to ensure our Medicare Supplement insurance rates remain among the lowest in the industry — and they never increase because of your health or the number of claims you make. ~~Premiums are based on attained age rating, which means premiums increase as your age increases each year until you reach age 90. Premiums or rates may increase for other reasons such as an increase applicable to all persons covered under this type of policy in this state.~~

And, we offer a ***seven percent household premium discount***. You're eligible for the discount if you have resided with another adult for at least one year, or you're married, and the other adult or your spouse also owns or is issued a Medicare Supplement policy with United of Omaha or its affiliates.

2. **SAVE your retirement funds for what you intended:** Having solid supplemental protection means you may not have to dip into your retirement savings to help pay for many of the bills Medicare may not pay.

Freedom To Use The Doctors And Hospitals You Want

Unlike other kinds of health plans for Medicare beneficiaries, you'll have the freedom and flexibility to use the doctors and hospitals you want. With Medicare Supplement insurance, there are no networks and you never need a referral. You'll also enjoy:

- The choice to determine if the benefits are paid to you or your medical provider
- Coverage that keeps pace with Medicare's changes
- Automated claims processing — with virtually no paperwork for you

Highlights of Our Recommended Plan [F] — with Benefits You Want

While we offer many plan choices designed to fit individual needs and budgets, many of our policyowners choose Plan [F]. This plan can provide great value for your health care dollar and protection against bills that may not be paid by Medicare, including:

UL4719-4799

(over, please)

[Check out our Rates!]

- Your Medicare Part A Deductible — **PAID IN FULL!**
- Your Medicare Part B Coinsurance — **PAID IN FULL!**
- [• Your Medicare Part B Excess Charges — **[Generally pays 80%]**]
- Skilled Nursing Facility Copayments and Foreign Travel Emergencies

The Strength and Security You Deserve

A Mutual of Omaha company since 1981, United of Omaha Life Insurance Company offers speciality life and Medicare Supplement insurance policies. When you own a United of Omaha Medicare Supplement insurance policy, you get the reputation, stability and power of Mutual of Omaha and its affiliates that have provided quality products and services since 1909.

You can depend on us to be there when you need us ... with first-class customer service, efficient claims filing and quick benefit payments. We pledge to meet or exceed your expectations and get the job done right the first time, every time. *That's experience that can work for you!*

Compare for Yourself and Save

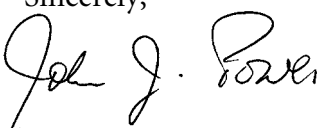
If you already have a Medicare Supplemental insurance policy, don't pay more than you have to. Take a look at the enclosed materials and see for yourself how much you can save. And, if you're already enrolled in a Medicare Supplement insurance policy with another carrier, it's easy to change to United of Omaha. Simply complete the enclosed application and satisfy the underwriting requirements to enroll.

We also work diligently to keep our rates among the most reasonable in the industry. In order to keep our rates competitive, we make use of Class I and Class II ratings. This means if you're no longer in your open enrollment or guaranteed issue period, and if according to our underwriting standards, you're overweight or underweight for your height, you will be considered to be a greater insurable risk. In such case, your premium will be adjusted either [10%] or [20%] higher than the rates illustrated in the outline of coverage. If your weight is in the decline column, we're sorry, you're not eligible for coverage. See the Calculate Your Premium worksheet for more information.

It's Easy to Apply — Don't Delay!

Your information kit contains a clear description of the policies, the monthly rates for each and a simple-to-fill-out application. When you're ready, [fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.] For added convenience, **enroll in our Easy Pay option** and we'll automatically deduct the premium from your [checking account.]

If you're not completely satisfied with your United of Omaha Medicare Supplement insurance policy, just return it within 30 days, no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,

 John J. Power
 Director, Marketing Services, Licensed Agent

P.S. The sooner you apply for our Medicare Supplement policy, the sooner you can begin saving. Your eligible spouse can apply, too. Apply today!

[Questions? Please call us toll free at 1-800-865-2674.]

[We're here to help!]

[For more information, please visit us at www.mutualofomaha.com]

Coverage underwritten by United of Omaha Life Insurance Company. United of Omaha Life Insurance Company underwriting company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance and an insurance agent may contact you by telephone. For complete information on benefits, exceptions, reductions and limitations, refer to your Outline of Coverage and your policy.

The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person's coverage with us terminated for any reason. The discount will not be removed if one of the individual's becomes deceased. United of Omaha may also discontinue the household premium discount program at any time.

Policy forms: UM1, UM2, UM3, UM4 and UM5 or state equivalent. Not all policies may be available in all states.

[It's Easy to Apply! Return your Application Today!]

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



[Happy with your Medicare Supplement rate?]

[Don't pay more than you have to!]

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[Apply now and start saving today!]

[Good afternoon],

You could be paying too much. You see, quite simply, if you have a Medicare Supplement insurance policy, or any other kind of health plan for Medicare beneficiaries, with an insurance company other than ours — you're not benefiting from our affordable premium rates, staying power and commitment. We offer the savings, value and convenience you're looking for — all from a company you can trust.

Two Ways You Could SAVE Money

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- Coverage that keeps pace with Medicare's changes
- Automated claims processing — with virtually no paperwork for you

Highlights of Our Recommended Plan [F] — with Benefits You Want

While we offer many plan choices designed to fit individual needs and budgets, many of our policyowners choose Plan [F]. This plan can provide great value for your health care dollar and protection against bills that may not be paid by Medicare, including:

- Your Medicare Part A Deductible — **PAID IN FULL!**
- Your Medicare Part B Coinsurance — **PAID IN FULL!**

[Check out our Rates!]

- Your Medicare Part B Excess Charges — [**Generally pays 80%**]
- Skilled Nursing Facility Copayments and Foreign Travel Emergencies

The Strength and Security You Deserve

A Mutual of Omaha company since 1981, United of Omaha Life Insurance Company offers speciality life and Medicare Supplement insurance policies. When you own a United of Omaha Medicare Supplement insurance policy, you get the reputation, stability and power of Mutual of Omaha and its affiliates that have provided quality products and services since 1909.

You can depend on us to be there when you need us ... with first-class customer service, efficient claims filing and quick benefit payments. We pledge to meet or exceed your expectations and get the job done right the first time, every time. *That's experience that can work for you!*

Compare for Yourself and Save

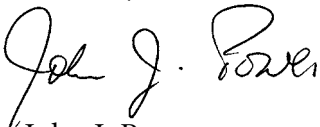
If you already have a Medicare Supplemental insurance policy, don't pay more than you have to. Take a look at the enclosed materials and see for yourself how much you can save. And, if you're already enrolled in a Medicare Supplement insurance policy with another carrier, it's easy to change to United of Omaha. Simply complete the enclosed application and satisfy the underwriting requirements to enroll.

We also work diligently to keep our rates among the most reasonable in the industry. In order to keep our rates competitive, we make use of Class I and Class II ratings. This means if you're no longer in your open enrollment or guaranteed issue period, and if according to our underwriting standards, you're overweight or underweight for your height, you will be considered to be a greater insurable risk. In such case, your premium will be adjusted either [10%] or [20%] higher than the rates illustrated in the outline of coverage. If your weight is in the decline column, we're sorry, you're not eligible for coverage. See the Calculate Your Premium worksheet for more information.

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If you're not completely satisfied with your United of Omaha Medicare Supplement insurance policy, just return it within 30 days, no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,

John J. Power
Director, Marketing Services, Licensed Agent

P.S. The sooner you apply for our Medicare Supplement policy, the sooner you can begin saving. Your eligible spouse can apply, too. Apply today!

[Questions? Please call us toll free at 1-800-865-2674.]

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The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person's coverage with us terminated for any reason. The discount will not be removed if one of the individual's becomes deceased. United of Omaha may also discontinue the household premium discount program at any time.

Policy forms: UM1, UM2, UM3, UM4 and UM5 or state equivalent. Not all policies may be available in all states.

[It's Easy to Apply! Return your Application Today!]

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



[You'll soon make your Medicare Supplement Decision]

[Here are the facts you need to know]

[Guaranteed Acceptance]

[Apply now with no medical questions asked.]

Good news! As someone soon eligible for Medicare, you are **guaranteed to be accepted** for this health insurance during your Medicare Supplement open enrollment period. Open Enrollment lasts for six months and begins on the first day of the month in which you are both age 65 or older AND enrolled in Medicare Part B. That means **you don't have to worry about a medical exam or health questions.**

And best of all, you'll enjoy the friendly customer service and financial value you seek from United of Omaha Life Insurance Company, a Mutual of Omaha company.

[Complete your application in just a few minutes.]

[Good afternoon],

In just a short time, you'll be eligible to begin planning your insurance portfolio around your upcoming Medicare benefits. That's why we wanted to share with you this important information regarding Medicare Supplement insurance. You see, as good as it is, Medicare was never designed to pay all of your health care expenses.

The truth is, with Medicare alone, you could be responsible for thousands of dollars each year in Medicare deductibles, copayments and other out-of-pocket costs. Medicare Supplement insurance policies work hand-in-hand with Medicare to give you the extra protection you need.

Something to consider when you look at your Medicare Supplement options – all Medicare Supplement policies are standardized. Benefits for each plan are the same for all companies; however, the rates you pay may vary. That's why we're here to help you with this very important decision. *Let our experience work for you!*

The Facts You Need To Know

- ☑ **Affordable Rates** – United of Omaha Life Insurance Company's rates make Medicare Supplement insurance more affordable than you might think. We work diligently to ensure our Medicare Supplement insurance rates remain among the lowest in the industry – and they never increase because of your health or the number of claims you make.

And, we offer a **seven percent household premium discount**. You're eligible for the discount if you have resided with another adult for at least one year, or you're married, and the other adult or your spouse also owns or is issued a Medicare Supplement policy with United of Omaha or its affiliates.

- ☑ **A Variety of Economical Options** – United of Omaha offers several Medicare Supplement policies to choose from. We offer a range of plans and premiums to fit nearly any budget.
- ☑ **Guaranteed Renewable** – Once you are insured your policy can never be canceled as long as you make your payments on time and there has been no fraud or material misrepresentation on your application. That means even as you get older...or if your health declines...you can still count on this protection. However, we reserve the right to increase premiums on a class basis.

(over, please)

UL4788

[Check out our Rates!]

- ☑ **Freedom to Use the Doctors and Hospitals You Want** – Unlike other kinds of health plans for Medicare beneficiaries, you'll have the freedom and flexibility to use the doctors and hospitals you want. With Medicare Supplement insurance, there are no networks and you never need a referral.
- ☑ **Coverage that Travels with You** – Just like Medicare, your Medicare Supplement insurance policy covers your health care needs anywhere in the United States. Some Medicare Supplement plans even provide limited medically necessary emergency care outside of the country. That way, you can confidently travel or live part of the year anywhere you choose.
- ☑ **Automated Claims Processing** – With United of Omaha's automated claims processing, for the majority of claims your benefits are paid automatically whenever you need them. There's virtually no paperwork for you...so you save time and effort.
- ☑ **You get to Choose** – The choice to determine if the benefits are paid to you or your medical provider.
- ☑ **A Company You Can Trust** – A Mutual of Omaha company since 1981, United of Omaha Life Insurance Company offers specialty life and Medicare Supplement insurance policies. When you own a United of Omaha Medicare Supplement insurance policy, you get the reputation, stability and power of Mutual of Omaha and its affiliates that have provided quality products and services since 1909.

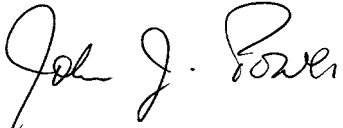
You can depend on us to be there when you need us. With first-class customer service we pledge to meet or exceed your expectations and get the job done right the first time, every time.

It's Easy to Apply – Don't Delay!

Your information kit contains a clear description of the policies, the monthly rates for each and a simple-to-fill-out application. When you're ready, [fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.] For added convenience, **enroll in our Easy Pay option** and we'll automatically deduct your monthly premium from your [checking account.]

If you are not completely satisfied with your United of Omaha Medicare Supplement insurance policy, just return it within 30 days, no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,



John J. Power
Director, Marketing Services
Licensed Agent

P.S. Please don't wait to apply. Our superior service and affordable premiums equal a great value to you and your eligible spouse. Apply today!

[Questions? Please call us toll free at 1-800-865-2674.]

[We're here to help!]

[For more information, please visit us at www.mutualofomaha.com]

Coverage underwritten by United of Omaha Life Insurance Company. United of Omaha Life Insurance Company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance and an insurance agent may contact you by telephone. For complete information on benefits, exceptions, reductions and limitations, refer to your Outline of Coverage and your policy.

The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person's coverage with us terminated for any reason. The discount will not be removed if one of the individual's becomes deceased. United of Omaha may also discontinue the household premium discount program at any time.

Policy forms: UM1, UM2, UM3, UM4 and UM5 or state equivalent. Not all policies may be available in all states.

[It's Easy to Apply. Return your Application Today!]



You have questions. We have answers!

Q. “When will my benefits start?”

A. As a Medicare beneficiary age 65 or older, your Medicare Supplement insurance protection starts the day we receive and approve your application. Not yet 65? Your protection will start on your Medicare Part B effective date, once you’re approved for coverage.

Q. “What happens if and when Medicare benefits change?”

A. Your Medicare Supplement insurance policy keeps pace with Medicare so that when Medicare deductibles and copayments change, your benefit dollar amounts automatically increase to cover any increases in Medicare deductibles and copayments. As benefits increase, it may be necessary to adjust rates for all policyowners.

Q. “Can the household premium discount ever be removed from my policy?”

A. Yes. The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person’s coverage with us terminated for any reason. The discount will not be removed if one of the individual’s becomes deceased. United of Omaha may also discontinue the household premium discount program at any time.

Q. “What kinds of benefits are not covered under your Medicare Supplement policy?”

A. We will not pay benefits for: (a) any expense incurred while the policy is not in force; (b) hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while the policy is not in force; (c) that portion of any expense incurred which is paid for by Medicare; (d) services for non-Medicare eligible expenses, including, but not limited to, routine exams, take-home drugs and eye refractions; (e) services for which a charge is not normally made in the absence of insurance; or (f) loss or expense that is payable under any other Medicare Supplement policy or certificate.

Q. “What if I am not satisfied with my coverage?”

A. United of Omaha wants all of their Medicare Supplement policyowners to be 100% satisfied with their coverage. When your policy arrives via first-class mail, read it over carefully. If for any reason you’re not completely satisfied, simply return the policy within 30 days. Any premium payments you’ve made will be promptly refunded, less any claims paid — with no questions asked and no further obligation.

[Note: Medicare Part D (prescription drug program) information is available by calling us at 1-800-847-9814. A free information package will be sent.]

How to Apply and Application Checklist

- ☐ Choose the plan that’s best for you. Many of our policyowners choose Plan [F] for its smart combination of value and coverage.
- ☐ Use the Calculate Your Premium worksheet to determine your premium rate.
- ☐ Complete the Plan information box on the application. Refer to the Outline of Coverage for policy and premium rate information.
- ☐ Have your Medicare Claim Number and effective date available — this information is found on your Medicare I.D. card. If you don’t have your card yet, leave these questions blank. Note, you must be enrolled in Medicare Part A and Part B prior to this coverage being effective.
- ☐ Answer **ALL** questions on the application in full. Sign and date in ALL places indicated.
- ☐ [Don’t forget to include your first month’s premium.] All future premiums will be billed according to the method you indicate on your application.
- ☐ If applicable, sign and return any additional forms included in your application packet.
- ☐ Return your application in the postage-paid envelope provided.

Please note: Your policy cannot be issued unless all of the above items are received.

[Other questions? Please call us toll-free at 1-800-865-2674.]

[An insurance agent dedicated to helping Medicare beneficiaries will be glad to help you!]

[For more information, please visit us at [www.mutualofomaha.com]]



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**
A MUTUAL of OMAHA COMPANY

Medicare Supplement insurance underwritten by:
United of Omaha Life Insurance Company
Mutual of Omaha Plaza, Omaha, NE 68175
mutualofomaha.com

United of Omaha Life Insurance Company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance and an insurance agent may contact you by telephone. For complete information on benefits, exceptions, reductions and limitations, refer to your Outline of Coverage and your policy.

Policy forms: UM1, UM2, UM3, UM4 and UM5 (or state equivalent). Not all policy forms may be available in every state.

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

[2008] Medicare Supplement Insurance Plans



- Affordable Rates
- Freedom to use the doctors and hospitals you want
- Automated claims processing
- A company you can trust

[Send no money now!]



United of Omaha’s Medicare Supplement Insurance — The Facts You Need To Know

Savings, Value and Convenience — from a company you can trust

Why do you need a Medicare Supplement insurance policy?

Medicare was never designed to pay all of your health care expenses. Medicare Supplement insurance policies can help provide valuable protection against potentially thousands of dollars in medical bills that may not be paid by Medicare. Supplement policies work hand-in-hand with Medicare to give you the extra protection you need.

If you don’t have a Medicare Supplement, it’s time to take a second look!

Without a supplemental policy to help pay the bills that may not be paid by Medicare, your out-of-pocket expenses could be substantial.

In fact, this year’s Medicare Part A deductible is \$[1,024] per benefit period. With Medicare alone, just one day in the hospital could cost you \$[1,024]. This does not include your Part B deductible.

The good news is you can avoid paying some of the Medicare copayments and deductibles yourself — or tapping into your savings — by applying for a United of Omaha Life Insurance Company Medicare Supplement insurance policy.

Affordable rates — so you can save money

United of Omaha’s reasonable rates make Medicare Supplement insurance more affordable than you might think. We work diligently to ensure our Medicare Supplement insurance rates remain among the lowest in the industry.

And, we offer a ***seven percent household premium discount***. You’re eligible for the discount if you have resided with another adult for at least one year, or you’re married and the other adult or your spouse also owns or is issued a Medicare Supplement policy with United of Omaha or its affiliates.

If you have Medicare Supplement insurance with another company, you may be paying more than you have to. Compare and save!

Choose your own health care providers — no referrals needed!

Medicare Supplement insurance gives you the freedom to choose the doctors, hospitals and specialists you want, without having to get referrals. So you enjoy greater flexibility and independence with this kind of coverage.

And, all benefits are paid directly to your medical provider, unless you tell us differently.

Apply today for the Medicare Supplement insurance policy that’s right for you.

Pays regardless of other insurance you may have

Benefits are payable regardless of any hospital, travel, accident or cancer insurance you may have. If you currently have a Medicare Supplement insurance policy, you cannot have our policy in addition to that. You can, however, replace your existing coverage with United of Omaha’s Medicare Supplement coverage. All you need to do is complete the application and satisfy the underwriting requirements.

No individual rate increases

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes when the same premium change is made on all in-force Medicare Supplement policies of the same form issued to persons of your classification in the same geographic area of your state.

Virtually no paperwork and quick payment of claims

United of Omaha knows that quick claims payment is vital to our Medicare Supplement policyowners. That’s why we dedicate an entire staff of Medicare claims professionals who utilize the latest claims processing technology to pay claims as quickly as possible. For many Medicare Part B claims, you don’t have to file any paperwork at all – saving you time and effort.

Your protection can never be cancelled — except by you

As long as your premiums are paid on time and there is no fraud or material misrepresentation – you can have this coverage for life. United of Omaha will not cancel your policy solely because your health changes or due to the number of claims you make.

Convenient payment options

When you apply, take advantage of our convenient payment methods and select the option that best fits your individual needs. Simply follow the instructions included on the application.



See Why PLAN [F] is Our Recommended Plan in your State!

Quick Reference to Compare Benefits Paid by Plan

	Basic Benefits	Medicare Part A Deductible	Medicare Part B Deductible	Medicare Part B Excess Charges	Foreign Travel Emergencies	At-Home Recovery	Medicare-approved Skilled Nursing Facility Copayment
PLAN A Pays	✓						
PLAN C Pays	✓	✓	✓		✓		✓
PLAN F Pays	✓	✓	✓	✓	✓		✓
PLAN G Pays	✓	✓		80%	✓	✓	✓

Basic Benefits:

- Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services
- Blood: First 3 pints of blood each year

Medicare Part A Hospital Expenses:

- [\$1,024] initial hospital deductible each benefit period
- [\$ 256] per day copayment for days 61–90 in a hospital
- [\$ 512] per day copayment for days 91–150 (Lifetime Reserve)
- 100% of Medicare-eligible expenses for additional 365 days after Medicare hospital benefits stop
- Calendar year blood deductible (first 3 pints of blood) if the deductible is not met by the replacement of blood
- [\$ 128] per day for days 21–100 in a Medicare-approved Skilled Nursing Facility

[Medicare Part B Physician Services and Supplies:]

- [• [\$135] Medicare Part B yearly deductible]
- [• Generally 80% of Medicare Part B excess charges (above Medicare-approved amounts and after the [\$135] Medicare Part B deductible is met)]

Additional Benefits Not Covered by Medicare:

- [• At-home recovery benefits (up to [\$1,600] per calendar year)]
- Benefits for medically necessary emergency care received in a foreign country (after the [\$250] deductible is met)

In [2008], the bills not paid by Medicare are at their highest ever. Make sure you’re protected with an affordable United of Omaha Medicare Supplement insurance policy.

[It’s easy to apply! Call toll-free at 1-800-865-2674]
[Fill out and return the enclosed application today!]
[Questions? Call 1-800-865-2674.]

UE1240



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175



**[SENT AT YOUR
REQUEST]**



**[Intro] [3rd party client] [client reference]
[Here's your second chance to save money
on important health insurance benefits.
Please open right away.]**

UE1241



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175



**[SENT AT YOUR
REQUEST]**



**[Intro] [3rd party client] [client reference]
[Here's your second chance to save money
on important health insurance benefits.
Please open right away.]**

URGENT

PRSRT STD
U.S. POSTAGE
PAID
MUTUAL
OF OMAHA

URGENT • PRIORITY DOCUMENTS • URGENT

PLEASE HAND DELIVER

**Your Immediate Action
Required**



UNITED of OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

**Priority Materials
related to your
Medicare Benefits
enclosed**

TRACKING CODE



ATTENTION POSTMASTER:

IMPORTANT DOCUMENTS ENCLOSED FOR ADDRESSEE ONLY

No other individual should open or take possession of the contents,
which are private and intended for the person named herein. Time-
sensitive materials enclosed.

TO BE OPENED BY ADDRESSEE ONLY

UE1243

**IMPORTANT INFORMATION REGARDING YOUR
MEDICARE SUPPLEMENT ELIGIBILITY**

URGENT

<i>SERFF Tracking Number:</i>	<i>MUTM-125645493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38992</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL4719, et al</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL4719, et al</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125645493 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38992
Company Tracking Number: SALLY HESS
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UL4719, et al
Project Name/Number: Medicare Supplement Advertising/UL4719, et al

Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter Filed 06/24/2008
Comments:
Attachment:
AR Inquiry Reply Ltr - United.pdf

Review Status:
Satisfied -Name: Memorandum of Variability - UL4719 Filed 06/24/2008
Comments:
Attachments:
UL4719 Memo of Var(AR inqy) - Annotated.pdf
UL4799 Memo of Var - CLEAN - Replaces UL4719.pdf

Review Status:
Satisfied -Name: Memorandum of Variability - UL4788 Filed 06/24/2008
Comments:
Attachment:
UL4788 - Memo of Var.pdf

Review Status:
Satisfied -Name: Memorandum of Variability - UC6802 Filed 06/24/2008
Comments:
Attachment:
UC6802 Memo of Var.pdf

Review Status:
Satisfied -Name: Memorandum of Variability - UE1240 Filed 06/24/2008
Comments:

<i>SERFF Tracking Number:</i>	<i>MUTM-125645493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38992</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL4719, et al</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL4719, et al</i>		

Attachment:

UE1240 Memo of Var.pdf

SERFF Tracking Number:	MUTM-125645493	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38992
Company Tracking Number:	SALLY HESS		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - UL4719, et al		
Project Name/Number:	Medicare Supplement Advertising/UL4719, et al		

Satisfied	-Name:	Memorandum of Variability - UE1241	Review Status:	Filed	06/24/2008
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Comments:

Attachment:

UE1241 Memo of Var.pdf

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



June 24, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
Direct Response Mail Advertising

Package 1
Letter: UL4799 (Replaces UL4719)
Brochure: UC6802
Carrier: UE1240
Carrier: UE1241
Carrier: UE1243

Package 2
Letter: UL4788
Brochure: UC6802 (Same as in pkg. 1)
Carrier: UE1240 (Same as in pkg. 1)
Carrier: UE1241 (Same as in pkg. 1)
Carrier: UE1243 (Same as in pkg. 1)

Dear Ms. Fowler:

Thank you for your review of the above-captioned form previously submitted to your Department on May 13, 2008. This letter is in response to your letter dated June 5, 2008.

1. You indicated, Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please revise item 1 under "Two Ways You Could SAVE Money." -- We removed the attained age rating language from the advertisement.

2. You stated that association groups must first be filed and approved by the State of Arkansas before any business is proposed with such group. -- We will obtain approval from the department before we market to any association groups.

Your further review and approval of this submission will be most appreciated. If I may be of additional assistance, please feel free to contact me.

Sincerely,

Mike Trebold
Product & Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2435 Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

sh

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL~~4719~~4799

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) "Happy with your Medicare Supplement rate?" – first variable field, upper left, under header

Select one of the following options:

- a) Happy with your Medicare Supplement Rate?
- b) Apply for your Medicare Supplement insurance policy today!
- c) Why pay more than you have to!
- d) Review your options and save!
- e) Prepared exclusively for:
 Pat Q. Sample
 123 Any Street
 Any Town, State 12345
- f) Don't pay more than you have to.

2) "Don't pay more than you have to! - 2nd variable field, upper left under the company letterhead.

One of the following variables may be used:

- a) Please read this letter for the facts you need to know.
- b) You could be with United World Life Insurance Company
- c) Call 1-800-865-2674
- d) Don't pay more than you have to!
- e) Here are the facts you need to know.
- f) Review your options and save!
- g) (Leave Blank)

3) "Possibly Save \$100's! - In header portion of Johnson box, upper right of page 1

Select one of the following options:

- a) Compare Rates!
- b) Possibly Save \$100's!
- c) Check Out our Rates!
- d) Compare and Save!
- e) It's Easy To Apply!
- f) Send No Money Now! (*Used for marketing "No Cash with App."*)
- g) Review your Options!
- h) Apply Today!
- i) Happy with your Medicare Supplement Rate?
- j) Apply for your Medicare Supplement insurance policy today!
- k) Why pay more than you have to?
- l) Review your options and save!
- m) Why pay more?
- n) Call for a free quote.

4) "Apply for your Medicare Supplement insurance policy today! – in text portion of Johnson box, upper right, page 1

One of the following statements will be used:

- a) Thank you for *requesting* this information. We think you'll be pleased when you compare the rate for your current coverage to ours!"
- b) Thank you for *reviewing* this information. We think you'll be pleased when you compare the rate for your current coverage to ours!"
- c) Apply for your Medicare Supplement insurance policy today!
- d) If you already have Medicare supplement insurance, don't pay more than you have to.
- e) Possibly save \$100's with just one phone call.
- f) Our superior service and affordable premiums make us a smart choice.
 - 1. Read the enclosed materials.
 - 2. Complete and return your application using the enclosed postage-paid envelope.
- g) Don't pay more than you have to.
- h) Review your options and save.
- i) Possibly save \$100's. Review your options.
- j) Call 1-800-865-2674
- k) Let our experience work for you.

5) "Apply now and start saving today!" - last sentence within the asterisk section of front page, before starting body of letter.

One of the following sentences will be used:

- a) Apply now and start saving today!
- b) Complete and return your application today.
- c) Call now to apply and start saving today! - *(For use in states that can support applications over the phone)*

6) "Good Afternoon," – opening of letter

Select one of the following options:

- a) Good Morning,
- b) Good Afternoon,
- c) Hello,
- d) Dear Friend,
- e) Good Morning "Pat Q. Sample", - *(for personalization)*
- f) Good Afternoon "Pat Q. Sample", - *(for personalization)*
- g) Dear "Pat Q. Sample", - *(for personalization)*

7) "Check out our Rates!– verbiage at bottom of page 1, in blue shaded area

Select one of the following options:

- a) To Apply: Call toll-free 1-800-865-2674 now! - *(For use in states that can support applications over the phone)*
- b) Return the enclosed application in the postage-paid envelope!
- c) Send no money now! Return your application today!
(This option for use when marketing 'No Cash with App.')
- d) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- e) It's easy to apply! Call 1-800-865-2674. - *(For use in states that can support applications over the phone)*
- f) It's easy to apply. Return your application today!
- g) Apply today!
- h) Check out our rates!
- i) Review your options!
- j) Why pay more?

8) Web address within option 'd' of Variable #7

A current and approved Medicare Supplement web address will be used.

9) Highlights of our recommended plan [F] ...– last heading at bottom of page 1

Marketing will highlight a specific plan that is currently offered in the state.

10) "...policyowners choose Plan [F]." – end of first sentence under last heading at bottom of page 1

This will be the plan Marketing wants to highlight of the plans that are currently being offered by the state.

11) "Your Medicare Part B Excess Charge – [Generally pays 80%]" – 3rd bullet point under 'Highlights of Recommended Plan' heading

This entire bullet point sentence will either be:

- a) In - if the state offers this benefit or
- b) Out - if the state does not

12) "Generally pays 80%" - Second part of 3rd bullet point if option 'a' of variable field #11. Will read either:

- a) "Generally pays 80%" - *if Plan G is being pushed or*
- b) "PAID IN FULL!" – *if Plan F is pushed*

13) "Percentages in 3rd sentence in 2nd paragraph under 'Compare for Yourself and Save' subheading - Middle of page 2

These percentages are variable to allow for any sub-standard (class I or class II) rating adjustments from the outline of coverage.

14) "When you're ready, ..." - 2nd Sentence under the sub-heading 'It's Easy to Apply - Don't Delay!' page 2.

One of the following 3 options will be selected to follow the beginning of this sentence:

- a) ...fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.
- b) ...send no money now! Simply fill out the enclosed application and return it in the postage-paid envelope provided.
- c) ...call 1-800-865-2674 and a friendly and knowledgeable insurance agent can take your application over the phone and answer any questions you may have. - *(For use in states that can support applications over the phone)*

15) "...automatically deduct the premium from your [checking account]." - Last sentence in first paragraph under the sub-heading 'It's Easy to Apply - Don't Delay!'

The ending of this sentence will be either:

- a) checking account
- b) credit card

16) Signature and name block - Lower section of page 2, after body of letter.

This is variable to leave the opportunity for updating the name if there would be a change in the Director position.

17) "Questions? Please call us toll free at 1-800-865-2674" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

18) "We're here to help!" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

19) "For more information, please visit us at [www.mutualofomaha.com]" - Lower section of page 2

Select one of two options:

- a) "For more information, please visit us at www.xxx.com"
- b) "Or apply on line at www.xxx.com" - *(For use in states that can support applications on-line)*
- c) (Leave Blank)

20) Web address for options a or b in variable # 19

A current and approved Medicare Supplement web address will be used.

21) "It's Easy to Apply! Return your Application Today! - at bottom in blue shaded area of page 2

Select one of the following options:

- a) Return the enclosed application in the postage-paid envelope now!
- b) To Apply: Call toll-free 1-800-865-2674 now! - *(For use in states that can support applications over the phone)*
- c) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- d) Send no money now. Return your application today!
(This option will be used if marketing 'No Cash with App.')
- e) It's Easy to Apply. Call 1-800-865-2674. - *(For use in states that can support applications over the phone)*
- f) It's Easy to Apply. Return your Application today!
- k) Apply today!
- l) Check out our rates!
- m) Review your options!
- g) Why pay more?

22) Web address in option 'c' for variable field # 21

A current and approved Medicare Supplement web address will be used.

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL4799

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) "Happy with your Medicare Supplement rate?" – first variable field, upper left, under header

Select one of the following options:

- a) Happy with your Medicare Supplement Rate?
- b) Apply for your Medicare Supplement insurance policy today!
- c) Why pay more than you have to!
- d) Review your options and save!
- e) Prepared exclusively for:
 Pat Q. Sample
 123 Any Street
 Any Town, State 12345
- f) Don't pay more than you have to.

2) "Don't pay more than you have to! - 2nd variable field, upper left under the company letterhead.

One of the following variables may be used:

- a) Please read this letter for the facts you need to know.
- b) You could be with United World Life Insurance Company
- c) Call 1-800-865-2674
- d) Don't pay more than you have to!
- e) Here are the facts you need to know.
- f) Review your options and save!
- g) (Leave Blank)

3) "Possibly Save \$100's! - In header portion of Johnson box, upper right of page 1

Select one of the following options:

- a) Compare Rates!
- b) Possibly Save \$100's!
- c) Check Out our Rates!
- d) Compare and Save!
- e) It's Easy To Apply!
- f) Send No Money Now! (*Used for marketing "No Cash with App."*)
- g) Review your Options!
- h) Apply Today!
- i) Happy with your Medicare Supplement Rate?
- j) Apply for your Medicare Supplement insurance policy today!
- k) Why pay more than you have to?
- l) Review your options and save!
- m) Why pay more?
- n) Call for a free quote.

4) "Apply for your Medicare Supplement insurance policy today! – in text portion of Johnson box, upper right, page 1

One of the following statements will be used:

- a) Thank you for *requesting* this information. We think you'll be pleased when you compare the rate for your current coverage to ours!"
- b) Thank you for *reviewing* this information. We think you'll be pleased when you compare the rate for your current coverage to ours!"
- c) Apply for your Medicare Supplement insurance policy today!
- d) If you already have Medicare supplement insurance, don't pay more than you have to.
- e) Possibly save \$100's with just one phone call.
- f) Our superior service and affordable premiums make us a smart choice.
 - 1. Read the enclosed materials.
 - 2. Complete and return your application using the enclosed postage-paid envelope.
- g) Don't pay more than you have to.
- h) Review your options and save.
- i) Possibly save \$100's. Review your options.
- j) Call 1-800-865-2674
- k) Let our experience work for you.

5) "Apply now and start saving today!" - last sentence within the asterisk section of front page, before starting body of letter.

One of the following sentences will be used:

- a) Apply now and start saving today!
- b) Complete and return your application today.
- c) Call now to apply and start saving today! - *(For use in states that can support applications over the phone)*

6) "Good Afternoon," – opening of letter

Select one of the following options:

- a) Good Morning,
- b) Good Afternoon,
- c) Hello,
- d) Dear Friend,
- e) Good Morning "Pat Q. Sample", - *(for personalization)*
- f) Good Afternoon "Pat Q. Sample", - *(for personalization)*
- g) Dear "Pat Q. Sample", - *(for personalization)*

7) "Check out our Rates!– verbiage at bottom of page 1, in blue shaded area

Select one of the following options:

- a) To Apply: Call toll-free 1-800-865-2674 now! - *(For use in states that can support applications over the phone)*
- b) Return the enclosed application in the postage-paid envelope!
- c) Send no money now! Return your application today!
(This option for use when marketing 'No Cash with App.')
- d) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- e) It's easy to apply! Call 1-800-865-2674. - *(For use in states that can support applications over the phone)*
- f) It's easy to apply. Return your application today!
- g) Apply today!
- h) Check out our rates!
- i) Review your options!
- j) Why pay more?

8) Web address within option 'd' of Variable #7

A current and approved Medicare Supplement web address will be used.

9) Highlights of our recommended plan [F] ...– last heading at bottom of page 1

Marketing will highlight a specific plan that is currently offered in the state.

10) "...policyowners choose Plan [F]." – end of first sentence under last heading at bottom of page 1

This will be the plan Marketing wants to highlight of the plans that are currently being offered by the state.

11) "Your Medicare Part B Excess Charge – [Generally pays 80%]" – 3rd bullet point under 'Highlights of Recommended Plan' heading

This entire bullet point sentence will either be:

- a) In - if the state offers this benefit or
- b) Out - if the state does not

12) "Generally pays 80%" - Second part of 3rd bullet point if option 'a' of variable field #11. Will read either:

- a) "Generally pays 80%" - *if Plan G is being pushed or*
- b) "PAID IN FULL!" – *if Plan F is pushed*

13) "Percentages in 3rd sentence in 2nd paragraph under 'Compare for Yourself and Save' subheading - Middle of page 2

These percentages are variable to allow for any sub-standard (class I or class II) rating adjustments from the outline of coverage.

14) "When you're ready, ..." - 2nd Sentence under the sub-heading 'It's Easy to Apply - Don't Delay!' page 2.

One of the following 3 options will be selected to follow the beginning of this sentence:

- a) ...fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.
- b) ...send no money now! Simply fill out the enclosed application and return it in the postage-paid envelope provided.
- c) ...call 1-800-865-2674 and a friendly and knowledgeable insurance agent can take your application over the phone and answer any questions you may have. - *(For use in states that can support applications over the phone)*

15) "...automatically deduct the premium from your [checking account]." - Last sentence in first paragraph under the sub-heading 'It's Easy to Apply - Don't Delay!'

The ending of this sentence will be either:

- a) checking account
- b) credit card

16) Signature and name block - Lower section of page 2, after body of letter.

This is variable to leave the opportunity for updating the name if there would be a change in the Director position.

17) "Questions? Please call us toll free at 1-800-865-2674" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

18) "We're here to help!" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

19) "For more information, please visit us at [www.mutualofomaha.com]" - Lower section of page 2

Select one of two options:

- a) "For more information, please visit us at www.xxx.com"
- b) "Or apply on line at www.xxx.com" - *(For use in states that can support applications on-line)*
- c) (Leave Blank)

20) Web address for options a or b in variable # 19

A current and approved Medicare Supplement web address will be used.

21) "It's Easy to Apply! Return your Application Today! - at bottom in blue shaded area of page 2

Select one of the following options:

- a) Return the enclosed application in the postage-paid envelope now!
- b) To Apply: Call toll-free 1-800-865-2674 now! - *(For use in states that can support applications over the phone)*
- c) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- d) Send no money now. Return your application today!
(This option will be used if marketing 'No Cash with App.')
- e) It's Easy to Apply. Call 1-800-865-2674. - *(For use in states that can support applications over the phone)*
- f) It's Easy to Apply. Return your Application today!
- k) Apply today!
- l) Check out our rates!
- m) Review your options!
- g) Why pay more?

22) Web address in option 'c' for variable field # 21

A current and approved Medicare Supplement web address will be used.

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL4788

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) "You'll soon make your Medicare Supplement Decision." – first variable field upper left, under header

One of the following statements will be used:

- a) Apply for your Medicare Supplement insurance policy today!
- b) Guaranteed Acceptance for a limited time.
- c) Are you prepared as you could be for Medicare?
- d) Need a good reason to consider a Medicare Supplement insurance policy?
- e) Is Medicare in your future?
- f) Have you selected your Medicare Supplement insurance policy?
- g) You'll soon make a big Medicare Supplement decision.
- h) Your Medicare Supplement insurance decision can be easy.
- i) Why pay more than you have to?
- j) Review your options and save!
- k) Guaranteed Acceptance
- l) You'll soon make your Medicare Supplement decision.
- m) *Prepared exclusively for:*

*Pat Q. Sample
123 Any Street
Any Town, State 12345*

2) "Here are the fact you need to know." - 2nd variable field, upper left under the company letterhead.

One of the following statements will be used:

- a) Please read this letter for the facts you need to know.
- b) You could be with United of Omaha Life Insurance Company.
- c) Call 1-800-865-2674
- d) Don't pay more than you have to.
- e) Here are the facts you need to know.
- f) Review your options and save!
- g) Now may be the time.
- h) Make the right one for you.
- i) (Leave Blank)

3) "Guaranteed Acceptance" - In header portion of Johnson box, upper right of page 1

One of the following statements will be used:

- a) Compare Rates!
- b) Compare and Save!
- c) Check out our Rates!
- d) It's Easy to Apply!
- e) Send No Money Now! (*This option for when marketing "No Cash with App."*)
- f) Review your Options!
- g) Apply Today!
- h) Why pay more?
- i) Guaranteed Acceptance for a limited time!
- j) Are you prepared as you could be for Medicare?
- k) Need a good reason to consider a Medicare Supplement insurance policy?
- l) Have you selected your Medicare Supplement insurance policy?
- m) Your Medicare Supplement insurance decision can be easy.
- n) Call for a free rate quote.
- o) Apply with no medical questions asked.
- p) Guaranteed Acceptance

4) "Apply now with no medical questions asked." – text portion of Johnson box, upper right, page 1

One of the following options will be used:

- a) Thank you for *requesting* this information. We think you'll be pleased when you compare our Medicare Supplement insurance premium rates!
- b) Thank you for *reviewing* this information. We think you'll be pleased when you compare our rates.
- c) Guaranteed Acceptance
- d) Apply now with no medical questions asked.
- e) Possibly save \$100's with just one phone call.
- f) Our superior service and affordable premiums make us a smart choice.
- g) 1. Read the enclosed materials.
2. Complete and return your application using the enclosed postage-paid envelope.
- h) Guaranteed acceptance for a limited time.
- i) Check out our Medicare Supplement insurance premium rates.
- j) Don't pay more than you have to.
- k) Review your options and save.
- l) Possibly save \$100's. Review your options.
- m) Call 1-800-865-2674
- n) Let our experience work for you.

5) " Complete your application in just a few minutes." - last sentence within the asterisk section of front page, before starting body of letter.

One of the following statements will be used:

- a) Complete and return your application today!
- b) Complete your application in just a few minutes.
- c) Sign up now - it's quick and easy.
- d) Apply today - it's quick and easy.
- e) Call now to apply! - (*will be used in states that can support applications over the phone*)
- f) Apply now!
- g) (left blank)

6) "Good Afternoon," – opening of letter

Select one of the following options:

- a) Good Morning,
- b) Good Afternoon,
- c) Hello,
- d) Dear Friend,
- e) Good Morning "Pat Q. Sample", - (*for personalization*)
- f) Good Afternoon "Pat Q. Sample", - (*for personalization*)
- g) Dear "Pat Q. Sample", - (*for personalization*)

7) "Check out our Rates!" – verbiage at bottom of page 1, in blue shaded area

One of the following statements will be used:

- a) To Apply: Call toll-free 1-800-865-2674 now!- (*For use in states that can support applications over the phone*)
- b) Return the enclosed application in the postage-paid envelope!
- c) Send no money now! Return your application today!
(*This option for use when marketing 'No Cash with App.'*)
- d) Apply on-line at [www.xxx.com] - (*For use in states that can support applications on-line*)
- e) It's easy to apply! Call 1-800-865-2674 - (*For use in states that can support applications over the phone*)
- f) It's easy to apply. Return your application today!
- g) Apply with no medical questions asked.
- h) Guaranteed Acceptance
- i) Apply Today!
- j) Check out our Rates!
- k) Review your options.
- l) Why pay more?
- m) Guarantee Issue for a limited time.

8) Web address within option 'd' of Variable #7

A current and approved Medicare Supplement web address will be used.

9) "When you're ready, ..." - 2nd Sentence under the sub-heading 'It's Easy to Apply - Don't Delay!' page 2.

One of the following 3 options will be selected to follow the beginning of this sentence:

- a) ...fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.
- b) ...send no money now! Simply fill out the enclosed application and return it in the postage-paid envelope provided.
- c) ...call 1-800-865-2674 and a friendly and knowledgeable insurance agent can take your application over the phone and answer any questions you may have. *(For use in states that can support applications over the phone)*

10) "...automatically deduct the premium from your [checking account]." - Last sentence in first paragraph under the sub-heading 'It's Easy to Apply - Don't Delay!'

The ending of this sentence will be either:

- a) checking account
- b) credit card

11) Signature and name block- Lower section of page 2.

This is variable to leave the opportunity for updating the name if there would be a change in the Director position.

12) "Questions? Please call us toll free at 1-800-865-2674 - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

13) " We're here to help!" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

14) "For more information, please visit us at [www.mutualofomaha.com]" - Lower section of page 2

Select one of three options:

- a) "For more information, please visit us at www.xxx.com"
- b) "Or apply on line at www.xxx.com" - *(For use in states that can support applications on-line)*
- c) (Leave Blank)

15) Web address for options a or b in variable # 14

A current and approved Medicare Supplement web address will be used.

16) "It's Easy to Apply. Return your Application Today! - at bottom of page 2, in blue shaded bar

One of the following statement will be used:

- a) Return the enclosed application in the postage-paid envelope!
- b) To Apply: Call toll-free 1-800-865-2674 now! *(For use in states that can support applications over the phone)*
- c) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- d) Send no money now! Return your application today!
(This option will be used if marketing 'No Cash with App.')
- e) It's easy to apply. Call 1-800-865-2674 *(For use in states that can support applications over the phone)*
- f) It's easy to apply. Return your application today!
- g) Apply with no medical questions asked.
- h) Guaranteed Acceptance.
- i) Apply today!
- j) Check out our rates!
- k) Review your options.
- l) Why pay more?
- m) Guarantee Issue for a limited time.

17) Web address in option 'c' for variable field # 16

A current and approved Medicare Supplement web address will be used.

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UC6802

The following information in the aforementioned advertisement is bracketed to denote variable fields.

- 1) "Note: Medicare Part D (prescription drug program)..." Last paragraph at bottom on left panel of cover side.
This whole paragraph will be either:

- 1) IN if offering Medicare Part D prescription program or
- 2) OUT if not offering the Part D program.

- 2) "Many of our policyowners choose Plan [F]..." Last sentence of 1st check box under "How to Apply and Application Checklist" – middle column on cover side.

Of the plans that are currently being offered in the state the advertising will be mailed, this plan may vary. Marketing would want to highlight or push the most competitive plan in the state.

- 3) 1st sentence of 6th Check box under "How to Apply and Application Checklist" – middle column on cover side.
Will read either:

- 1) "Don't forget to include your first month's premium." Or
- 2) "Send no money now!" - when marketing 'No Cash with App.'

- 4) "Other questions? Please call...." - middle of page in center panel on cover side.
This sentence will either be:

- 1) left in or
- 2) removed completely

- 5) "An Insurance Agent dedicated to helping Medicare...." middle of page in center panel on cover side.
This sentence will either be:

- 1) left in or
- 2) removed completely

- 6) "For more information, please visit us at [www.xxx.com]" – middle of page in center panel on cover side.
This area will contain one of the following:

- 1) "For more information, please visit us at [www.xxx.com]" - (*for customers to just get additional information*)
- 2) "Apply on line at [www.xxx.com]" - (*for customers to apply on-line when available in the state*)
- 3) "It's easy to apply! Call toll-free 1-800-865-2674" - (*for customers to apply by phone when available in state*)
- 4) "Fill out and return the enclosed application today."
- 5) Or left blank without copy

- 7) The web address with first 2 options of variable #6.
A current and active Medicare Supplement web site address will be used.

- 8) "Send no Money Now!" - bottom statement on Cover
This statement will either be:

- 1) IN when marketing NCWA - 'No Cash With Application' or
- 2) OUT completely if NOT marketing 'No Cash with App'

- 9) "See Why PLAN [F] is Our Recommended..." - First sentence at top of inside right panel.

Of the plans that are currently being offered in the state the advertising will be mailed, this plan may vary depending on the plan that is most competitive in the state.

10) Table and coinciding benefits for the plan push marketed in this state - Inside right panel

The table below shows all the plans. Only the Plans approved to offer in the state the advertising will be mailed will show in that state's advertising. The plan Marketing wants to push will be highlighted in yellow with the bullet points corresponding.

	Basic Benefits	Medicare Part A Deductible	Medicare Part B Deductible	Medicare Part B Excess Charges	Foreign Travel Emergencies	At-Home Recovery	Medicare-approved Skilled Nursing Facility Copayment
Plan A Pays	✓						
Plan B Pays	✓	✓					
Plan C Pays	✓	✓	✓		✓		✓
Plan D Pays	✓	✓			✓	✓	✓
Plan F Pays	✓	✓	✓	✓	✓		✓
Plan G Pays	✓	✓		80%	✓	✓	✓

See Why Plan G is Our Recommended Plan in your State!

The specific plans the state offers will be illustrated in a table with Plan G highlighted. The bullet point descriptions will correspond.

	Basic Benefits	Medicare Part A Deductible	Medicare Part B Deductible	Medicare Part B Excess Charges	Foreign Travel Emergencies	At-Home Recovery	Medicare-approved Skilled Nursing Facility Copayment
Plan G Pays	✓	✓		80%	✓	✓	✓

Basic Benefits:

- Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services.
- Blood: First 3 pints of blood each year.

Medicare Part A Hospital Expenses:

- \$[xxx] initial hospital deductible each benefit period
- \$[xxx] per day copayment for days 61-90 in a hospital
- \$[xxx] per day copayment for days 91-150 (Lifetime Reserve)
- 100% of Medicare-eligible expenses for additional 365 days after Medicare hospital benefits stop
- Calendar year blood deductible (first 3 pints of blood) if the deductible is not met by the replacement of blood
- \$[xxx] per day for days 21-100 in a Medicare-approved Skilled Nursing Facility

Medicare Part B Physician Services and Supplies:

- Generally 80% of Medicare Part B excess charges (above Medicare-approved amounts and after the \$[xxx] Medicare Part B deductible is met)

Additional Benefits Not Covered by Medicare:

- At-home recovery benefits (up to [\$1,600] per calendar year)
- Benefits for medically necessary emergency care received in a foreign country (after the \$[250] deductible is met)

See Why Plan F is Our Recommended Plan in your State!

The specific plans the state offers will be illustrated in a table with Plan F highlighted. The bullet point descriptions will correspond.

	Basic Benefits	Medicare Part A Deductible	Medicare Part B Deductible	Medicare Part B Excess Charges	Foreign Travel Emergencies	At-Home Recovery	Medicare-approved Skilled Nursing Facility Copayment
Plan F Pays	✓	✓	✓	✓	✓		✓

Basic Benefits:

- Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services.
- Blood: First 3 pints of blood each year.

Medicare Part A Hospital Expenses:

- \$[xxx] initial hospital deductible each benefit period
- \$[xxx] per day copayment for days 61-90 in a hospital
- \$[xxx] per day copayment for days 91-150 (Lifetime Reserve)
- 100% of Medicare-eligible expenses for additional 365 days after Medicare hospital benefits stop
- Calendar year blood deductible (first 3 pints of blood) if the deductible is not met by the replacement of blood
- \$[xxx] per day for days 21-100 in a Medicare-approved Skilled Nursing Facility

Medicare Part B Physician Services and Supplies:

- [\\$\[xxx\] Medicare Part B yearly deductible](#)
- [Medicare Part B excess charges \(above Medicare-approved amounts\)](#)

Additional Benefits Not Covered by Medicare:

- Benefits for medically necessary emergency care received in a foreign country (after the \$[250] deductible is met)

See Why Plan C is Our Recommended Plan in your State!

The specific plans the state offers will be illustrated in a table with Plan F highlighted. The bullet point descriptions will correspond.

	Basic Benefits	Medicare Part A Deductible	Medicare Part B Deductible	Medicare Part B Excess Charges	Foreign Travel Emergencies	At-Home Recovery	Medicare-approved Skilled Nursing Facility Copayment
Plan C Pays	✓	✓	✓		✓		✓

Basic Benefits:

- Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services.
- Blood: First 3 pints of blood each year.

Medicare Part A Hospital Expenses:

- \$[xxx] initial hospital deductible each benefit period
- \$[xxx] per day copayment for days 61-90 in a hospital
- \$[xxx] per day copayment for days 91-150 (Lifetime Reserve)
- 100% of Medicare-eligible expenses for additional 365 days after Medicare hospital benefits stop
- Calendar year blood deductible (first 3 pints of blood) if the deductible is not met by the replacement of blood
- \$[xxx] per day for days 21-100 in a Medicare-approved Skilled Nursing Facility

Medicare Part B Physician Services and Supplies:

- [\\$\[xxx\] Medicare Part B yearly deductible](#)

Additional Benefits Not Covered by Medicare:

- Benefits for medically necessary emergency care received in a foreign country (after the \$[250] deductible is met)

See Why Plan D is Our Recommended Plan in your State!

The specific plans the state offers will be illustrated in a table with Plan F highlighted. The bullet point descriptions will correspond.

	Basic Benefits	Medicare Part A Deductible	Medicare Part B Deductible	Medicare Part B Excess Charges	Foreign Travel Emergencies	At-Home Recovery	Medicare-approved Skilled Nursing Facility Copayment
Plan D Pays	✓	✓			✓	✓	✓

Basic Benefits:

- Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services.
- Blood: First 3 pints of blood each year.

Medicare Part A Hospital Expenses:

- \$[xxx] initial hospital deductible each benefit period
- \$[xxx] per day copayment for days 61-90 in a hospital
- \$[xxx] per day copayment for days 91-150 (Lifetime Reserve)
- 100% of Medicare-eligible expenses for additional 365 days after Medicare hospital benefits stop
- Calendar year blood deductible (first 3 pints of blood) if the deductible is not met by the replacement of blood
- \$[xxx] per day for days 21-100 in a Medicare-approved Skilled Nursing Facility

Additional Benefits Not Covered by Medicare:

- [At-home recovery benefits \(up to \[\\$1,600\] per calendar year\)](#)
- Benefits for medically necessary emergency care received in a foreign country (after the \$[250] deductible is met)

11) "It's easy to apply! Call toll-free at 1-800-865-2674" - bottom of inside right panel.
This sentence will either be:

- 1) left in if the state can support applications over the phone, or
- 2) removed completely

12) "Fill out and return the enclosed application today!" - bottom of inside right panel.
This sentence will either be:

- 1) left in or
- 2) removed completely

13) "Questions? Call 1-800-865-2674." - bottom of inside right panel.
This sentence will either be:

- 1) left in or
- 2) removed completely

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UE1240

The following information in the aforementioned advertisement is bracketed to denote variable fields.

I) Stamp to Left of Window

One of the variations listed below will be used depending on mailing list.

- 1) SENT VIA FIRST CLASS MAIL
- 2) DATED MATERIAL ENCLOSED
- 3) SENT AT YOUR REQUEST
(explanation: Used when information has been requested by the recipient.)
- 4) SECOND CHANCE NOTICE
(explanation: Used for 2nd effort mailings)
- 5) YOUR SECOND OPPORTUNITY
(explanation: Used for 2nd effort mailings)
- 6) FINAL NOTICE
(explanation: Used on last mailings to 1st or 3rd party customers - for 3rd party, non-financial institutions only)
- 7) OPEN NOW – START SAVING TODAY!
- 8) GUARANTEED ACCEPTANCE FOR A LIMITED TIME. PLEASE RESPOND.
(explanation: For use only in states that offer open enrollment.)
- 9) WHY PAY MORE THAN YOU HAVE TO?
(explanation: May not use at all, but if so, will only be for the 65+ market)
- 10) REVIEW YOUR OPTIONS AND SAVE
(explanation: Use for mailings to 65+ customers.)
- 11) ARE YOU PAYING TOO MUCH?
(explanation: May not use at all, but if so, will only be for the 65+ market)
- 12) AS SEEN ON TV
(explanation: Will send from responses to television advertisements.)
- 13) (no stamp at all)
- 14) GUARANTEED ACCEPTANCE
(explanation: Used only for mailing lists qualified for open enrollment.)
- 15) IMPORTANT RATE INFORMATION ENCLOSED
(explanation: Used only for invitation to contract mailings.)
- 16) IMPORTANT INFORMATION INSIDE
- 17) IMPORTANT OFFER INSIDE
- 18) ARE YOU AS PREPARED AS YOU COULD BE FOR MEDICARE?
- 19) WHY IT PAYS TO CONSIDER MEDICARE SUPPLEMENT INSURANCE
- 20) IS MEDICARE IN YOUR FUTURE?
- 21) HAVE YOU SELECTED MEDICARE SUPPLEMENT INSURANCE?
- 22) YOU MAY SOON MAKE A BIG MEDICARE SUPPLEMENT DECISION
- 23) YOUR MEDICARE SUPPLEMENT DECISION CAN BE EASY
- 24) IMPORTANT: MEDICARE SUPPLEMENT OPTIONS ARE AVAILABLE
- 25) PRIORITY MATERIALS RELATED TO MEDICARE SUPPLEMENT BENEFITS ENCLOSED

II) 3 variable fields under stamp and window

These next 3 variable fields will be used when offering our products through an approved 3rd party partner.

Intro

Options 1-4 can be used for any client.

- 1) (Nothing)
(explanation: will be left blank when 1st party mailings)
- 2) An Offer for
- 3) For Select
- 4) For
- 5) Add 1,000 Miles to your
(explanation: Option 5 will only be used with Delta Skymiles)

B) 3rd Party Client

- 1) (Nothing)
(explanation: will be left blank when 1st party mailings)
- 2) (Approved 3rd Party Client Name)

Client Reference

One of the variations listed below will be used dependent on 3rd party client requirements.

- 1) (Nothing)
(explanation: will be left blank when 1st party mailings)
- 2) Cardmember
- 3) Cardmembers
- 4) Cardholder
- 5) Cardholders
- 6) Homeowner
(explanation: Will only be used with Mortgage companies.)
- 7) Homeowners
(explanation: Will only be used with Mortgage companies.)
- 8) Member
- 9) Members
- 10) Client
- 11) Clients
- 12) Account
- 13) Accounts
- 14) Accountholder
- 15) Accountholders
- 16) Member Benefit Notice
- 17) Customer Benefit Notice
- 18) Homeowner Benefit Notice
(explanation: Will only be used with Mortgage companies.)
- 19) Member Notice
- 20) Customer Notice
- 21) Homeowner Notice
- 22) Bank
- 23) Bank[®]
- 24) Card
- 25) Card[®]
- 26) [®]
- 27) TM

Variable field following client reference.

One of these variations will be used.

- 1) Here is the money-saving information you requested. Please open right away.
(explanation: May not be used at all, but if so, would be used for 1st party first effort, post 65 only or with pre-65 if research proves our product is competitive.)
- 2) Here is the important information you requested. Please open right away.
(explanation: Used for 1st party first effort.)
- 3) Here is the money-saving health insurance benefit information you requested. Please open right away.
(explanation: May not be used at all, but if so, would be for 3rd party first effort, post 65 only or with pre-65 if research proves our product is competitive.)
- 4) Here is the important health insurance benefit information you requested. Please open right away.
(explanation: Can be used for 1st & 3rd party first effort.)
- 5) Here's your second chance to save money on important health insurance benefits. Please open right away.
(explanation: May not be used at all, but if so, could be used for 1st & 3rd party second effort, post 65 only or with pre-65 if research proves our product is competitive.)
- 6) Here's your second chance for important health insurance benefits. Please open right away.
(explanation: Can be used for 1st & 3rd party second effort.)
- 7) Enclosed is money-saving health insurance benefit information. Please open right away.
(explanation: May not be used at all, but if so, it would be for television and web mailings on post 65 only.)
- 8) Enclosed is important health insurance benefit information. Please open right away.
(explanation: Can be used for television and web mailings.)

- 9) Enclosed is the information you requested
- 10) Insurance Benefits to help you pay what Medicare may not cover
- 11) Important information from a company you can trust
- 12) See inside for more details
- 13) Please open right away
- 14) Open now to find out
- 15) Important offer inside
- 16) Important information inside
- 17) The things you need to know
- 18) Find out how inside
- 19) Make the right one. See inside.
- 20) Open now to find out how
- 21) Reply requested

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UE1241

The following information in the aforementioned advertisement is bracketed to denote variable fields.

I) Stamp to Left of Window

One of the variations listed below will be used depending on mailing list.

- 1) SENT VIA FIRST CLASS MAIL
- 2) DATED MATERIAL ENCLOSED
- 3) SENT AT YOUR REQUEST
(explanation: Used when information has been requested by the recipient.)
- 4) SECOND CHANCE NOTICE
(explanation: Used for 2nd effort mailings)
- 5) YOUR SECOND OPPORTUNITY
(explanation: Used for 2nd effort mailings)
- 6) FINAL NOTICE
(explanation: Used on last mailings to 1st or 3rd party customers - for 3rd party, non-financial institutions only)
- 7) OPEN NOW – START SAVING TODAY!
- 8) GUARANTEED ACCEPTANCE FOR A LIMITED TIME. PLEASE RESPOND.
(explanation: For use only in states that offer open enrollment.)
- 9) WHY PAY MORE THAN YOU HAVE TO?
(explanation: May not use at all, but if so, will only be for the 65+ market)
- 10) REVIEW YOUR OPTIONS AND SAVE
(explanation: Use for mailings to 65+ customers.)
- 11) ARE YOU PAYING TOO MUCH?
(explanation: May not use at all, but if so, will only be for the 65+ market)
- 12) AS SEEN ON TV
(explanation: Will send from responses to television advertisements.)
- 13) (no stamp at all)
- 14) GUARANTEED ACCEPTANCE
(explanation: Used only for mailing lists qualified for open enrollment.)
- 15) IMPORTANT RATE INFORMATION ENCLOSED
(explanation: Used only for invitation to contract mailings.)
- 16) IMPORTANT INFORMATION INSIDE
- 17) IMPORTANT OFFER INSIDE
- 18) ARE YOU AS PREPARED AS YOU COULD BE FOR MEDICARE?
- 19) WHY IT PAYS TO CONSIDER MEDICARE SUPPLEMENT INSURANCE
- 20) IS MEDICARE IN YOUR FUTURE?
- 21) HAVE YOU SELECTED MEDICARE SUPPLEMENT INSURANCE?
- 22) YOU MAY SOON MAKE A BIG MEDICARE SUPPLEMENT DECISION
- 23) YOUR MEDICARE SUPPLEMENT DECISION CAN BE EASY
- 24) IMPORTANT: MEDICARE SUPPLEMENT OPTIONS ARE AVAILABLE
- 25) PRIORITY MATERIALS RELATED TO MEDICARE SUPPLEMENT BENEFITS ENCLOSED

II) 3 variable fields under stamp and window

These next 3 variable fields will be used when offering our products through an approved 3rd party partner.

A) Intro

Options 1-4 can be used for any client.

- 1) (Nothing)
(explanation: will be left blank when used for 1st party mailings)
- 2) An Offer for
- 3) For Select
- 4) For
- 5) Add 1,000 Miles to your
(explanation: Option 5 will only be used with Delta Skymiles)

B) 3rd Party Client

- 1) (Nothing)
(explanation: will be left blank when used for 1st party mailings)
- 2) (Approved 3rd Party Client Name)

Client Reference

One of the variations listed below will be used dependent on 3rd party client requirements.

- 1) (Nothing)
(explanation: will be left blank when used for 1st party mailings)
- 2) Cardmember
- 3) Cardmembers
- 4) Cardholder
- 5) Cardholders
- 6) Homeowner
(explanation: Will only be used with Mortgage companies.)
- 7) Homeowners
(explanation: Will only be used with Mortgage companies.)
- 8) Member
- 9) Members
- 10) Client
- 11) Clients
- 12) Account
- 13) Accounts
- 14) Accountholder
- 15) Accountholders
- 16) Member Benefit Notice
- 17) Customer Benefit Notice
- 18) Homeowner Benefit Notice
(explanation: Will only be used with Mortgage companies.)
- 19) Member Notice
- 20) Customer Notice
- 21) Homeowner Notice
- 22) Bank
- 23) Bank[®]
- 24) Card
- 25) Card[®]
- 26) [®]
- 27) TM

Variable field following client reference.

One of these variations will be used.

- 1) Here is the money-saving information you requested. Please open right away.
(explanation: May not be used at all, but if so, would be used for 1st party first effort, post 65 only or with pre-65 if research proves our product is competitive.)
- 2) Here is the important information you requested. Please open right away.
(explanation: Used for 1st party first effort.)
- 3) Here is the money-saving health insurance benefit information you requested. Please open right away.
(explanation: May not be used at all, but if so, would be for 3rd party first effort, post 65 only or with pre-65 if research proves our product is competitive.)
- 4) Here is the important health insurance benefit information you requested. Please open right away.
(explanation: Can be used for 1st & 3rd party first effort.)
- 5) Here's your second chance to save money on important health insurance benefits. Please open right away.
(explanation: May not be used at all, but if so, could be used for 1st & 3rd party second effort, post 65 only or with pre-65 if research proves our product is competitive.)
- 6) Here's your second chance for important health insurance benefits. Please open right away.
(explanation: Can be used for 1st & 3rd party second effort.)
- 7) Enclosed is money-saving health insurance benefit information. Please open right away.
(explanation: May not be used at all, but if so, it would be for television and web mailings on post 65 only.)
- 8) Enclosed is important health insurance benefit information. Please open right away.
(explanation: Can be used for television and web mailings.)

- 9) Enclosed is the information you requested
- 10) Insurance Benefits to help you pay what Medicare may not cover
- 11) Important information from a company you can trust
- 12) See inside for more details
- 13) Please open right away
- 14) Open now to find out
- 15) Important offer inside
- 16) Important information inside
- 17) The things you need to know
- 18) Find out how inside
- 19) Make the right one. See inside.
- 20) Open now to find out how
- 21) Reply requested

SERFF Tracking Number:	MUTM-125645493	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38992
Company Tracking Number:	SALLY HESS		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - UL4719, et al		
Project Name/Number:	Medicare Supplement Advertising/UL4719, et al		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Letter	05/13/2008	UL4719.pdf
No original date	Supporting Document	Cover Letter	05/13/2008	AR letter.pdf
No original date	Supporting Document	Memorandum of Variability - UL4719	05/13/2008	UL4719 Memo of Var.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



[Happy with your Medicare Supplement rate?]

[Don't pay more than you have to!]

[Possibly Save \$100's!]

[Apply for your Medicare Supplement insurance policy today!]

Good news! You could be paying less for your Medicare Supplement insurance and enjoying the friendly customer service and financial value you seek from United of Omaha Life Insurance Company, a Mutual of Omaha company.

[Apply now and start saving today!]

[Good afternoon],

You could be paying too much. You see, quite simply, if you have a Medicare Supplement insurance policy, or any other kind of health plan for Medicare beneficiaries, with an insurance company other than ours — you're not benefiting from our affordable premium rates, staying power and commitment. We offer the savings, value and convenience you're looking for — all from a company you can trust.

Two Ways You Could SAVE Money

1. **SAVE on premiums:** We work diligently to ensure our Medicare Supplement insurance rates remain among the lowest in the industry — and they never increase because of your health or the number of claims you make. Premiums are based on attained age rating, which means premiums increase as your age increases each year until you reach age 90. Premiums or rates may increase for other reasons such as an increase applicable to all persons covered under this type of policy in this state.

And, we offer a ***seven percent household premium discount***. You're eligible for the discount if you have resided with another adult for at least one year, or you're married, and the other adult or your spouse also owns or is issued a Medicare Supplement policy with United of Omaha or its affiliates.

2. **SAVE your retirement funds for what you intended:** Having solid supplemental protection means you may not have to dip into your retirement savings to help pay for many of the bills Medicare may not pay.

Freedom To Use The Doctors And Hospitals You Want

Unlike other kinds of health plans for Medicare beneficiaries, you'll have the freedom and flexibility to use the doctors and hospitals you want. With Medicare Supplement insurance, there are no networks and you never need a referral. You'll also enjoy:

- The choice to determine if the benefits are paid to you or your medical provider
- Coverage that keeps pace with Medicare's changes
- Automated claims processing — with virtually no paperwork for you

Highlights of Our Recommended Plan [F] — with Benefits You Want

While we offer many plan choices designed to fit individual needs and budgets, many of our policyowners choose Plan [F]. This plan can provide great value for your health care dollar and protection against bills that may not be paid by Medicare, including:

[Check out our Rates!]

- Your Medicare Part A Deductible — **PAID IN FULL!**
- Your Medicare Part B Coinsurance — **PAID IN FULL!**
- [• Your Medicare Part B Excess Charges — **[Generally pays 80%]**]
- Skilled Nursing Facility Copayments and Foreign Travel Emergencies

The Strength and Security You Deserve

A Mutual of Omaha company since 1981, United of Omaha Life Insurance Company offers speciality life and Medicare Supplement insurance policies. When you own a United of Omaha Medicare Supplement insurance policy, you get the reputation, stability and power of Mutual of Omaha and its affiliates that have provided quality products and services since 1909.

You can depend on us to be there when you need us ... with first-class customer service, efficient claims filing and quick benefit payments. We pledge to meet or exceed your expectations and get the job done right the first time, every time. *That's experience that can work for you!*

Compare for Yourself and Save

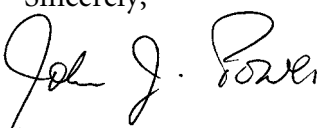
If you already have a Medicare Supplemental insurance policy, don't pay more than you have to. Take a look at the enclosed materials and see for yourself how much you can save. And, if you're already enrolled in a Medicare Supplement insurance policy with another carrier, it's easy to change to United of Omaha. Simply complete the enclosed application and satisfy the underwriting requirements to enroll.

We also work diligently to keep our rates among the most reasonable in the industry. In order to keep our rates competitive, we make use of Class I and Class II ratings. This means if you're no longer in your open enrollment or guaranteed issue period, and if according to our underwriting standards, you're overweight or underweight for your height, you will be considered to be a greater insurable risk. In such case, your premium will be adjusted either [10%] or [20%] higher than the rates illustrated in the outline of coverage. If your weight is in the decline column, we're sorry, you're not eligible for coverage. See the Calculate Your Premium worksheet for more information.

It's Easy to Apply — Don't Delay!

Your information kit contains a clear description of the policies, the monthly rates for each and a simple-to-fill-out application. When you're ready, [fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.] For added convenience, **enroll in our Easy Pay option** and we'll automatically deduct the premium from your [checking account.]

If you're not completely satisfied with your United of Omaha Medicare Supplement insurance policy, just return it within 30 days, no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,

 John J. Power
 Director, Marketing Services, Licensed Agent

P.S. The sooner you apply for our Medicare Supplement policy, the sooner you can begin saving. Your eligible spouse can apply, too. Apply today!

[Questions? Please call us toll free at 1-800-865-2674.]

[We're here to help!]

[For more information, please visit us at www.mutualofomaha.com]

Coverage underwritten by United of Omaha Life Insurance Company. United of Omaha Life Insurance Company underwriting company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance and an insurance agent may contact you by telephone. For complete information on benefits, exceptions, reductions and limitations, refer to your Outline of Coverage and your policy.

The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person's coverage with us terminated for any reason. The discount will not be removed if one of the individual's becomes deceased. United of Omaha may also discontinue the household premium discount program at any time.

Policy forms: UM1, UM2, UM3, UM4 and UM5 or state equivalent. Not all policies may be available in all states.

[It's Easy to Apply! Return your Application Today!]

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



May 7, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Direct Response Mail Advertising
Medicare Supplement Advertising

Package 1
Letter: UL4719
Brochure: UC6802
Carrier: UE1240
Carrier: UE1241
Carrier: UE1243

Package 2
Letter: UL4788
Brochure: UC6802 (Same as in pkg. 1)
Carrier: UE1240 (Same as in pkg. 1)
Carrier: UE1241 (Same as in pkg. 1)
Carrier: UE1243 (Same as in pkg. 1)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

When marketing to Pre-65 customers, we will be mailing Package 1. When marketing to Post-65 customers, we will be mailing Package 2. The letters are different. The Brochure and Carriers are the same for both packages. Two alternate carriers (UE1241 and UE1243) were created for package variation.

The above advertisements will be used with Application UA5910-03 approved by your Department on April 25, 2008.

We request that any information in brackets be considered variable. Memorandums of Variable Material describing the variable items are attached.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL4719

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) "Happy with your Medicare Supplement rate?" – first variable field, upper left, under header

Select one of the following options:

- a) Happy with your Medicare Supplement Rate?
- b) Apply for your Medicare Supplement insurance policy today!
- c) Why pay more than you have to!
- d) Review your options and save!
- e) Prepared exclusively for:
 Pat Q. Sample
 123 Any Street
 Any Town, State 12345
- f) Don't pay more than you have to.

2) "Don't pay more than you have to! - 2nd variable field, upper left under the company letterhead.

One of the following variables may be used:

- a) Please read this letter for the facts you need to know.
- b) You could be with United World Life Insurance Company
- c) Call 1-800-865-2674
- d) Don't pay more than you have to!
- e) Here are the facts you need to know.
- f) Review your options and save!
- g) (Leave Blank)

3) "Possibly Save \$100's! - In header portion of Johnson box, upper right of page 1

Select one of the following options:

- a) Compare Rates!
- b) Possibly Save \$100's!
- c) Check Out our Rates!
- d) Compare and Save!
- e) It's Easy To Apply!
- f) Send No Money Now! (*Used for marketing "No Cash with App."*)
- g) Review your Options!
- h) Apply Today!
- i) Happy with your Medicare Supplement Rate?
- j) Apply for your Medicare Supplement insurance policy today!
- k) Why pay more than you have to?
- l) Review your options and save!
- m) Why pay more?
- n) Call for a free quote.

4) "Apply for your Medicare Supplement insurance policy today! – in text portion of Johnson box, upper right, page 1

One of the following statements will be used:

- a) Thank you for *requesting* this information. We think you'll be pleased when you compare the rate for your current coverage to ours!"
- b) Thank you for *reviewing* this information. We think you'll be pleased when you compare the rate for your current coverage to ours!"
- c) Apply for your Medicare Supplement insurance policy today!
- d) If you already have Medicare supplement insurance, don't pay more than you have to.
- e) Possibly save \$100's with just one phone call.
- f) Our superior service and affordable premiums make us a smart choice.
 - 1. Read the enclosed materials.
 - 2. Complete and return your application using the enclosed postage-paid envelope.
- g) Don't pay more than you have to.
- h) Review your options and save.
- i) Possibly save \$100's. Review your options.
- j) Call 1-800-865-2674
- k) Let our experience work for you.

5) "Apply now and start saving today!" - last sentence within the asterisk section of front page, before starting body of letter.

One of the following sentences will be used:

- a) Apply now and start saving today!
- b) Complete and return your application today.
- c) Call now to apply and start saving today! - *(For use in states that can support applications over the phone)*

6) "Good Afternoon," – opening of letter

Select one of the following options:

- a) Good Morning,
- b) Good Afternoon,
- c) Hello,
- d) Dear Friend,
- e) Good Morning "Pat Q. Sample", - *(for personalization)*
- f) Good Afternoon "Pat Q. Sample", - *(for personalization)*
- g) Dear "Pat Q. Sample", - *(for personalization)*

7) "Check out our Rates!– verbiage at bottom of page 1, in blue shaded area

Select one of the following options:

- a) To Apply: Call toll-free 1-800-865-2674 now! - *(For use in states that can support applications over the phone)*
- b) Return the enclosed application in the postage-paid envelope!
- c) Send no money now! Return your application today!
(This option for use when marketing 'No Cash with App.')
- d) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- e) It's easy to apply! Call 1-800-865-2674. - *(For use in states that can support applications over the phone)*
- f) It's easy to apply. Return your application today!
- g) Apply today!
- h) Check out our rates!
- i) Review your options!
- j) Why pay more?

8) Web address within option 'd' of Variable #7

A current and approved Medicare Supplement web address will be used.

9) Highlights of our recommended plan [F] ...– last heading at bottom of page 1

Marketing will highlight a specific plan that is currently offered in the state.

10) "...policyowners choose Plan [F]." – end of first sentence under last heading at bottom of page 1

This will be the plan Marketing wants to highlight of the plans that are currently being offered by the state.

11) "Your Medicare Part B Excess Charge – [Generally pays 80%]" – 3rd bullet point under 'Highlights of Recommended Plan' heading

This entire bullet point sentence will either be:

- a) In - if the state offers this benefit or
- b) Out - if the state does not

12) "Generally pays 80%" - Second part of 3rd bullet point if option 'a' of variable field #11. Will read either:

- a) "Generally pays 80%" - *if Plan G is being pushed or*
- b) "PAID IN FULL!" – *if Plan F is pushed*

13) "Percentages in 3rd sentence in 2nd paragraph under 'Compare for Yourself and Save' subheading - Middle of page 2

These percentages are variable to allow for any sub-standard (class I or class II) rating adjustments from the outline of coverage.

14) "When you're ready, ..." - 2nd Sentence under the sub-heading 'It's Easy to Apply - Don't Delay!' page 2.

One of the following 3 options will be selected to follow the beginning of this sentence:

- a) ...fill out the enclosed application and return it in the postage-paid envelope provided. Don't forget to enclose your first month's premium.
- b) ...send no money now! Simply fill out the enclosed application and return it in the postage-paid envelope provided.
- c) ...call 1-800-865-2674 and a friendly and knowledgeable insurance agent can take your application over the phone and answer any questions you may have. - *(For use in states that can support applications over the phone)*

15) "...automatically deduct the premium from your [checking account]." - Last sentence in first paragraph under the sub-heading 'It's Easy to Apply - Don't Delay!'

The ending of this sentence will be either:

- a) checking account
- b) credit card

16) Signature and name block - Lower section of page 2, after body of letter.

This is variable to leave the opportunity for updating the name if there would be a change in the Director position.

17) "Questions? Please call us toll free at 1-800-865-2674" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

18) "We're here to help!" - Lower section of page 2

This entire line will either be:

- a) left in or
- b) completely removed

19) "For more information, please visit us at [www.mutualofomaha.com]" - Lower section of page 2

Select one of two options:

- a) "For more information, please visit us at www.xxx.com"
- b) "Or apply on line at www.xxx.com" - *(For use in states that can support applications on-line)*
- c) (Leave Blank)

20) Web address for options a or b in variable # 19

A current and approved Medicare Supplement web address will be used.

21) "It's Easy to Apply! Return your Application Today! - at bottom in blue shaded area of page 2

Select one of the following options:

- a) Return the enclosed application in the postage-paid envelope now!
- b) To Apply: Call toll-free 1-800-865-2674 now! - *(For use in states that can support applications over the phone)*
- c) Apply on-line at [www.xxx.com] - *(For use in states that can support applications on-line)*
- d) Send no money now. Return your application today!
(This option will be used if marketing 'No Cash with App.')
- e) It's Easy to Apply. Call 1-800-865-2674. - *(For use in states that can support applications over the phone)*
- f) It's Easy to Apply. Return your Application today!
- k) Apply today!
- l) Check out our rates!
- m) Review your options!
- g) Why pay more?

22) Web address in option 'c' for variable field # 21

A current and approved Medicare Supplement web address will be used.